resource constraints, it has not been found possible to open new dispensaries or extend CGHS to cities not covered by it.

In addition to the capital of Gujarat not having CGHS facilities, the following States/Union Territories do not have CGHS facility:–

Jammu and Kashmir; Arunachal Pradesh; Nagaland; Himachal Pradesh; Chhattisgarh; Manipur; Sikkim; Tripura; Mizoram; Goa; Andaman and Nicobar Islands; Dadra and Nagar Haveli; Daman and Diu; Lakshdweep and Puducherry.

TB cases in Delhi

2082. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 3 lakh new TB cases every year are being reported in Delhi for sometime now;

(b) if so, whether Government have probed/propose to probe the reasons therefor; and

(c) if so, the details thereof and how Government propose to tackle the problems?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise.

(c) The Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country.

Under the programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis and identifies infectious cases. More than 12250 microscopy centres have been established in the country. Drugs are provided to the TB patients in patient wise boxes to ensure that all drugs for full course of treatment are earmarked the day a patient is registered for treatment under the programme. Treatment centres (DOT centres) have been established near the residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given also to involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.

A treatment success rate of more than 85% has been reported under the revised strategy which means that more than 8 out of every 10 patients out on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 73 lac patients on treatment thus averting more than 13 lac deaths.

In Delhi, the case detection and success rate of new sputum positive patients put on treatment under DOTS is consistently above 90% and 85% respectively. During 2006, more than 47,600 TB patients were initiated on treatment under DOTS with 87% success rate.

Conference on health

2083. DR. M.A.M. RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a conference on population, health and social development was held in Hyderabad in February, 2007;

(b) if so, the details thereof;

(c) whether the performance of each State was evaluated in the conference; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) A conference on population, health and social development was organized by Population Foundation of India (PFI) on February 12-13, 2007 in Hyderabad. The objectives of the conference were:–

(i) To get a clear perspective of the demographic and health transition process in Kerala. Tamil Nadu, Andhra Pradesh and Kamataka.

(ii) To recapitulate the initiative undertaken over the last decade in the light of the current situation and status of sexual and reproductive health including HIV/AIDS

(iii) Lessons for other States, particularly Uttar Pradesh, Bihar, Jharkhand, Rajasthan, and Madhya Pradesh.

(c) and (d) The conference has given an opportunity to draw upon the experience and models adopted by more successful States. PFA has brought out the following two publications which were the key features of the conference:–

(i) Population, health and Social Development – Andhra Pradesh, Karnataka, Kerala and Tamil Nadu.

ii. Conference Report – Population, health and Social Development– Experience of Southern States.

The performance of demographic and health transition along with lessons learned and implications was discussed, debated and evaluated at the conference.